

NC Department of Health and Human Services

# **COVID-19 Testing: Reporting under Secretarial Order #2**

## **Office Hours, 10:30-11:30**

**August 27, 2020**

# Updates

- **Portal is live, as of 8/24/2020.**
  - [https://ncgov.servicenowservices.com/csm\\_nh](https://ncgov.servicenowservices.com/csm_nh)
- **Lessons Learned: Please follow the Starter Kit.**
  - Starter Kit will help users trying to register sidestep the 2 main reasons some users have had difficulty. We're also doing some minor reworking to better accommodate “user instinct.”
- **We'll hold another full day of Customer Service tomorrow (Friday, 8/28/20, 8:00a-5:00p) to assist with Registration or other questions.**
  - No pre-registration needed. Just select link or call number.
  - <https://global.gotomeeting.com/join/221178565>
  - 1 (571) 317-3122  
Access Code: 221-178-565
- **Materials now available on NC Medicaid COVID Provider Status Reporting Page**
- **Special Bulletin will be released soon reflecting approach discussed today.**



# Goals of Interim Payment Design

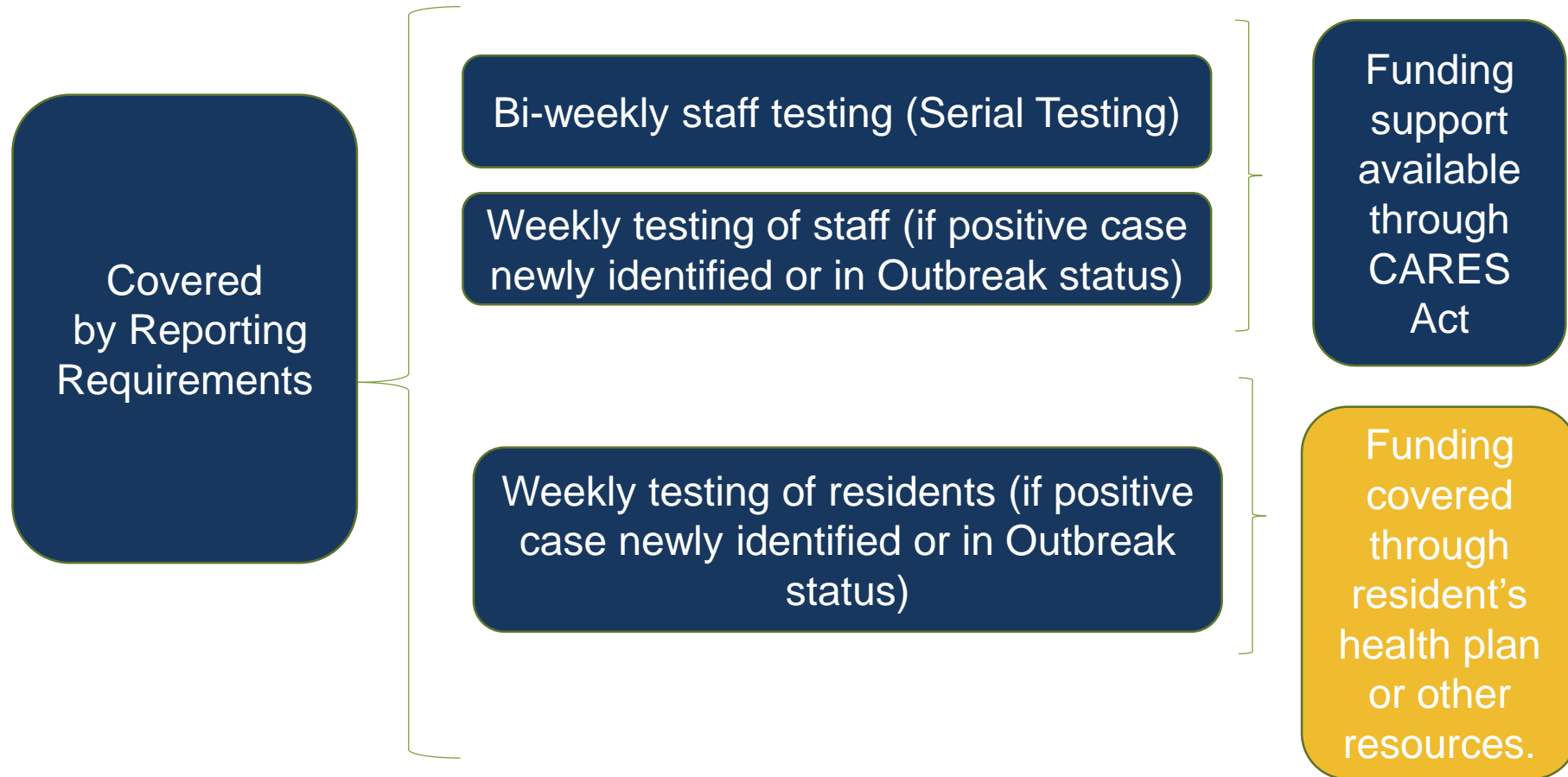
**NC DHHS is reviewing  
CMS-3401-IFC and related guidance.**

**Materials and requirements provided here are current but may be  
modified as additional guidance becomes available.**

- To ensure providers have prompt payment source to cover testing-related costs, even if vendor invoices are delayed.
- To accommodate as many testing arrangements as possible, recognizing each facility has established its own process.
- To create a process that is both responsive to provider need and complies with CARES Act auditing requirements.

# Reminder: The Scope of Secretarial Order #2

## Secretarial Order #2



# Overview of Payment Set Up for Nursing Homes That Do Not Participate in NC Medicaid

Provider will complete an NC OSC Substitute W-9 (**NOT federal W-9**) and be established as a vendor with NC DHHS.


Form available at NC Office of State Controller's website and [here](#).

- Provider can elect to sign up for EFT through Controller's Office (but may elect not to do so).
- Providers must submit NC OSC Substitute W9 form to [Medicaid.ProviderReimbursement@dhhs.nc.gov](mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov) no later than Friday, 8/28 (**tomorrow**) in order to ensure prompt payment. \*
- Participation agreement may be required.

REV 01/2019

NC Office of the State Controller  
(IRS Form W-9 will not be accepted in lieu of this form)  
\*Denotes a Required Field

STATE OF NORTH CAROLINA  
SUBSTITUTE W-9 FORM  
Request for Taxpayer Identification Number



\*1.  Social Security Number (SSN), OR  
 Employer Identification Number (EIN), OR  
 Individual Taxpayer Identification Number (ITIN)

\*2. \_\_\_\_\_

(PUSH THE TAB KEY TO ENTER EACH NUMBER)

\*4. Legal Name (as shown on your income tax return): \_\_\_\_\_

3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)  
\_\_\_\_\_

5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name: \_\_\_\_\_

(PUSH THE TAB KEY TO ENTER EACH NUMBER)

**Contact information**

\*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD) \_\_\_\_\_

\*7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable) \_\_\_\_\_

\*Address Line 1: \_\_\_\_\_ Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip (9 digit) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip (9 digit) \_\_\_\_\_

\*County \_\_\_\_\_ County \_\_\_\_\_

\*8. Contact Name: \_\_\_\_\_

\*9. Phone Number: \_\_\_\_\_

10. Fax Number: \_\_\_\_\_

11. Email Address: \_\_\_\_\_

\*12. Entity Type  
 Individual/Sole Proprietor/Single-member LLC  C-Corporation  S-Corporation  
 Partnership  Trust/Estate  Other \_\_\_\_\_  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) \_\_\_\_\_

\*13. Entity Classification  
 Medical Services  
 Legal/Attorney Services  
 NC Local Govt  
 Federal Govt  
 NC State Agency  
 Other Govt  
 Other (specify) \_\_\_\_\_

14. Exemptions (see instructions)  
Exempt payee code (if any): \_\_\_\_\_  
Exemption from FATCA reporting code (if any): \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

**Section 2 - Certification**  
Under penalties of perjury, I certify that:  
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and  
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and  
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>)

\*Printed Name: \_\_\_\_\_ \*Printed Title: \_\_\_\_\_

\*Authorized U.S. Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

\* Email address corrected from earlier version's typo

# Additional Guidance for Nursing Homes that Do Not Participate in Medicaid

- **Reminder:** if seeking interim payment for 9/8/2020 reporting period, please submit Substitute W-9 to [Medicaid.ProviderReimbursement@dhhs.nc.gov](mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov) by COB Friday, 8/28 to ensure prompt payment.
- Provider will receive a project-specific provider participation agreement.
- Guidance on completing Vendor EFT form
  - Agency: NC Department of Health and Human Services
  - Contact: Reginald Little
  - Email: [Medicaid.ProviderReimbursement@dhhs.nc.gov](mailto:Medicaid.ProviderReimbursement@dhhs.nc.gov)
  - Phone: 919-855-4100

# Interim Payment Process Recap

## Testing Method

- Vendor-based
- Other (see guidance on POC testing)

Not covered: tests covered by third party payers/other funding sources (i.e. Provider Relief Fund) even if numbers are reflected in the Testing Section of portal

## Interim Payment

- Up to \$125\* x # staff/HCP tests reported in Financial Section of *COVID-19 Testing Nursing Home Reporting Portal*
- Preliminary information provided each reporting period.
- Interim payment processed monthly

## Reconciliation Requirements

Verification Required as Part of Reconciliation :

- Vendor invoice that meets documentation criteria OR
- Vendor invoice that doesn't meet documentation criteria+ facility roster/documentation roster/supplement OR
- Facility roster/documentation

\* Please see additional guidance about Point of Care Testing

# Overview of Interim Payment Design and Process

- NC DHHS will provide interim payments to facilities on a monthly basis based on preliminary testing counts provided in the COVID-19 Testing Nursing Home Reporting Portal.
  - Providers should enter preliminary testing counts into Portal on required Reporting Period timeframes.
  - NC DHHS will authorize interim payments based on proper submission.
  - Vendor invoices/HCP roster is not required to process interim payment (but will be as part of Reconciliation, see below).
  - Payment schedule will follow NC Tracks Checkwrite Cycle.
- Payments will be calculated based on a rate of up to \$125.00 per test or costs directly related to point of care testing.
- NC DHHS will later reconcile interim payments to actual costs up to \$125.00 per test later in the year (subject to CARES Act timelines and funding availability).
- NC DHHS will recoup overages if interim payment(s) exceeded actual tests performed.
- Supporting documentation is not required at the time of interim payment but will be required to verify testing activity as part of reconciliation process on a date to be determined.



# Reimbursement of Point of Care Testing Device and Related Test Costs

- With the expanded availability of POC testing devices\* and associated antigen diagnostic tests, NC DHHS anticipates facilities may elect to utilize these devices as part of its compliance with Secretarial Order.
- For tests performed with POC testing device, NC DHHS will reimburse for test and supply costs directly related to using POC device. Tests received as part of a nursing home's initial test supply, provided through the federal distribution process, should not be included in costs to be reimbursed.
- A nursing home should note the use of POC testing device in the testing strategy text field.
- Projected Costs: If nursing home is preparing to order additional tests/supplies for the purposes of complying with Secretarial Order 2, it may provide the projected cost in its reporting period submission.

**\*Quidel Sofia 2 Instrument or Becton, Dickinson and Company (BD) Veritor™ Plus System with the associated FDA-authorized antigen diagnostic tests**

# What's Not Appropriate for Reimbursement

- Supplies/PPE used when conducting testing activities.
- Staff overtime related performing or collecting tests.
- Supplies/PPE used when caring for residents.
- Tests received as part of a nursing home's initial test supply, provided through the federal distribution process.

# Interim Payment Timelines

## Reporting Periods, Testing Weeks and Payment Schedule

Testing Reporting Under Secretarial Order #2 Reporting Periods, Testing Weeks Covered and Payment Schedule		
Reporting Period	Testing Weeks Covered (Mon-Sun)	Payment Schedule <a href="#">[References NC TRACKS 2020 Checkwrite Schedule]</a>
1. Due 9/8/20	8/17-8/23	
	8/24-8/30	Processed as part of Cycle 37
2. Due 9/21/20	8/31-9/6	
	9/7-9/13	
3. Due 10/5/2020	9/14-9/20	
	9/21-9/27	Reporting Period 2 and 3, processed as part of Cycle 41
4. Due 10/19/2020	9/28-10/4	
	10/5-10/11	
5 Due 11/2/2020	10/12-10/18	
	10/19-10/25	Reporting Period 4 and 5 processed as part of Cycle 45
6 Due 11/16/2020	10/26-11/1	
	11/2-11/8	
7 Due 11/30/2020	11/9-11/15	
	11/16-11/22	Reporting Period 6 and 7, processed as part of Cycle 49
8 Due 12/14/2020	11/23-11/29	
	11/30-12/6	Reporting Period 8, processed as part of Cycle 50.

# Vendor Invoice/Roster

- Itemized vendor invoice or staff/HCP roster will be required as part of reconciliation (not required for interim payment).
- Vendor invoice/roster must include minimally
  - Staff level detail of number of tests performed and DOS.
- NC DHHS will develop roster template and distribute.
- If nursing home sought an interim payment for testing-related costs, the roster will need to include all HCPs tested, regardless of testing methodology.

Staff Roster	Tests performed for Dates of Service: [listed here] Tests	Additional data elements as required by the Department (TBD).
Staff A	4	
Staff B	6	
Staff C	4	
Staff D	4	

# Review of Portal

# Questions & Answers